

SENATE BILL No. 218

DIGEST OF SB 218 (Updated February 4, 2009 12:35 pm - DI 104)

Citations Affected: IC 16-48.

Synopsis: Billing and claims for anatomic pathology services. Specifies requirements for billing and claims related to anatomic pathology services.

Effective: July 1, 2009.

Miller

January 7, 2009, read first time and referred to Committee on Health and Provider Services.

February 5, 2009, amended, reported favorably — Do Pass.

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First Regular Session 116th General Assembly (2009)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in this style type. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in this style type or this style type reconciles conflicts between statutes enacted by the 2008 Regular Session of the General Assembly.

SENATE BILL No. 218

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 16-48 IS ADDED TO THE INDIANA CODE AS

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2	A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1
3	2009]:
4	ARTICLE 48. OTHER HEALTH CARE PROVIDERS AND
5	SERVICES
6	Chapter 1. Anatomic Pathology Services
7	Sec. 1. As used in this chapter, "anatomic pathology service'
8	means the following performed, by a physician or under the
9	supervision of a physician, on a sample taken from a human body
10	(1) Histopathology or surgical pathology, meaning the gross
11	and microscopic examination and histologic processing of
12	organ tissue.
13	(2) Cytopathology, meaning the microscopic examination of
14	cells from the following:

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(A) Fluids.

(B) Aspirates.

(C) Washings.



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1	(D) Brushings.	
2	(E) Smears.	
3	(3) Hematology, meaning the microscopic evaluation of bone	
4	marrow aspirates and biopsies, and peripheral blood smears	
5	when the attending or treating physician or technologist	
6	requests that a blood smear be reviewed by a pathologist.	
7	(4) Subcellular pathology and molecular pathology.	
8	(5) Blood banking services performed by pathologists.	
9	Sec. 2. (a) As used in this chapter, "referring laboratory" means	
10	a clinical laboratory that sends a sample to a physician or another	
11	clinical laboratory for performance of an anatomic pathology	
12	service by the physician or other clinical laboratory for	
13	consultation or histologic processing.	
14	(b) The term does not include a physician's office laboratory	
15	that does not perform the professional component of an anatomic	
16	pathology service.	
17	Sec. 3. As used in this chapter, "referral laboratory" means a	
18	physician or clinical laboratory:	
19	(1) to which a sample is sent by a referring laboratory; and	
20	(2) by which an anatomic pathology service is performed;	
21	for consultation or histologic processing.	
22	Sec. 4. A health care provider or clinical laboratory that	
23	provides an anatomic pathology service for a patient in Indiana	
24	shall present a bill, claim, or other demand for payment for the	_
25	service only to the following:	
26	(1) The patient.	
27	(2) The patient's insurer or other third party payer.	
28	(3) The hospital, health clinic, public health clinic, or rural	1
29	health clinic.	
30	(4) A referring laboratory.	
31	(5) A government agency or other agency or organization	
32	acting on behalf of the patient.	
33	Sec. 5. Except for a health care provider at a referring	
34	laboratory that has been billed by a referral laboratory, a health	
35	care provider shall not directly or indirectly solicit payment for an	
36	anatomic pathology service unless the service is rendered	
37	personally by the health care provider or under the health care	
38	provider's direct supervision in accordance with Section 353 of the	
39	Public Health Service Act (42 U.S.C. 263a).	

Sec. 6. A person is not required to reimburse a health care

provider or clinical laboratory for charges or claims submitted in



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violation of this chapter.

Sec. 7. This chapter does not do the following:	
(1) Require assignment of benefits for an anatomic pathology service.	!
(2) Prohibit billing of a referring laboratory by a referral	I
laboratory. Sec. 8. The state entity that has jurisdiction over licensing or	
certification of a health care provider who intentionally violates	
this chapter may revoke, suspend, or refuse to renew the license or	
certification of the health care provider.	



COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 218, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 2, line 28, delete "or other health care provider" and insert "public health clinic, or rural health clinic.".

Page 2, delete line 29.

and when so amended that said bill do pass.

(Reference is to SB 218 as introduced.)

MILLER, Chairperson

Committee Vote: Yeas 9, Nays 0.









